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FAX TRANSMISSION**DATE:** February 6, 2006**PTO IDENTIFIER:** Application Number 10/531844
Patent Number**Inventor:** Jahic Haris et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** FISH & NEAVE IP GROUP
ROPES & GRAY LLP
David P. Halstead, Ph.D.**PHONE:** (617) 951-7615**Attorney Dkt. #:** ASZD-P01-874**PAGES (Including Cover Sheet):** 4**CONTENTS:** Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)
Statement Under 37 CFR 3.73 (b) (1 page)
This Facsimile Cover Sheet (1 page)
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/531844

Attorney Docket No.: ASZD-P01-874

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/531,844
	Filing Date	April 18, 2005
	First Named Inventor	Jahic Haris
	Art Unit	1655
	Examiner Name	Bull, Christopher
	Attorney Docket Number	100874-1P US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 44992☒ Please change the correspondence address for the above-identified application to:☒ The address associated with Customer Number: 44992

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature



Name

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Date

13 JANUARY 2006

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Jahic Haris and Gunther KernApplication No.: 10/531,844Filed: April 18, 2005Entitled: SCREENING ASSAY TO IDENTIFY INHIBITORS OF THE MURD ENZYME USING AN
ACTIVATOR INDEPENDENT MURD ENZYMEAstraZeneca AB, a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Tracey Bryant
Signature13 JANUARY 2006
DateTracey Bryant
Printed or Typed Name

Telephone Number

Authorized Signer for Assignee

+44 (0) 1625 513228

Title: Patent Director, Oncology & Infection